DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 7300 (Rev. 01/01)

AMBULANCE RUN REPORT (Page 3) Skills / Extended Comments

Completion of this form meets the requirements of administrative rule HFS 110.04(3)(b).
Client information in this document is confidential under Wis. Stat. 146.82(1).

STATE OF WISCONSIN
Adm. Code HFS 110.04(3)(b)

Date Incident Reported	Patient Last Name / First / MI	Service Name and ID No.	Responding Unit	Patient Care Record / Alarm No.
/ /				

ADVANCED SKILLS

Time	EMT	Blood Pressure	Pulse Rate	Pulse Quality	Resp Rate	Resp Quality	SPO2	Cardiac Rhythm Interpretation	Cardiac Rhythm Blocks	Procedure	No. of Attempts (Joules for Defib)	Success	Medications	Dose	Route

Airway complications ☐ Nasal ☐ None ☐ Dental ☐ Pharyngeal ☐ Other _____ ☐ Esophagus ☐ Trachea ☐ N/A

Airway Placement verified by EMT ☐ Auscultation ☐ Tube Check ☐ Visualization ☐ End Tidal CO_2 ☐ N/A

Airway Placement verified by MD ☐Yes ☐ No ☐N/A

Prehospital Outcome Arrived at Hospital w/ Pulse ☐ Yes ☐ No

ER Outcome ☐ Admitted to Hospital ☐ Discharged ☐ Transferred ☐ Discharged AMA ☐ Died ☐ Unknown

Hospital Outcome ☐ Transferred ☐ Discharged ☐ Died ☐ Unknown ☐ N/A

Equipment Failure ☐ Yes ☐ No Explain: ☐N/A

ALS Provider Arrival: ☐ N/A

Differential Diagnosis

Additional Comments

SIGNATURE -- Medical Control Physician

SIGNATURE AND NUMBER -- EMT

SIGNATURE AND NUMBER -- EMT